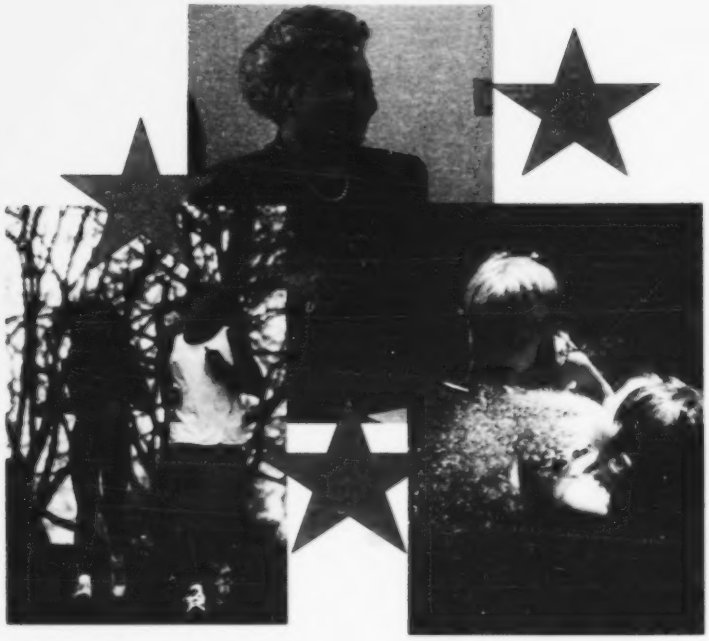

WEST PRINCE HEALTH
8TH ANNUAL
INFORMATION
MEETING

7 P.M.
TUESDAY, NOVEMBER 26, 2002
WESTISLE COMPOSITE HIGH SCHOOL

103-03124/

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WEST PRINCE HEALTH
BOARD OF DIRECTORS

Robbie Thibodeau, Chair
Zone 4

Barry Cholossey
Appointed

Richard Wightman
Zone 3

Wanita Gaudet
Appointed

Ernest Hudson, Vice-Chair
Zone 1

Harry MacAusland
Appointed

Donald Stewart
Zone 2

WEST PRINCE HEALTH
SENIOR MANAGEMENT

Phil A. Jost
Chief Executive Officer

John Buchanan
Director of Client Services

John Martin
Community Development Coordinator

Marlene Bolger
Quality Service and Evaluation Coordinator

Albert Bernard
Director of Corporate Services

Arlene Gallant-Bernard
Director of Patient/Community Services

Erna Glydon
Director of Nursing, Maplewood Manor

Debbie Barlow
Director of Operations

Karen Murray
Executive Assistant

WEST PRINCE HEALTH
MISSION, VISION AND ENDS STATEMENTS

MISSION STATEMENT

West Prince Health exists so that people in West Prince will work together towards healthy living.

VALUES STATEMENT

We are committed to govern with accountability, foresight and stewardship on behalf of our community of West Prince. As corporate citizens, we believe in partnership, and we value diversity and group process.

We empower our staff to deliver services that are outcomes-based, with practices that show respect for others, confidentiality, dignity, privacy and personal safety.

We treat our staff with respect and fairness and we value competence and continuous development, communication and openness.

We believe in the delivery of services in a manner that shows prudence, ethics, and the avoidance of risk.

ENDS STATEMENTS

People will have a positive attitude and a spirit of cooperation.

People will be self-reliant.

People will be life-long learners.

People will have social support networks.

West Prince Health Region
Chairperson's and Chief Executive Officer's Report
Fiscal Year April 1, 2001 To March 31, 2002

As Chairperson and on behalf of the Board of Directors, I am once again pleased to provide this annual report for the year ended March 31, 2002. This year was in many ways a transitional period for the West Prince Health Board of Directors. Our former Chief Executive Officer (CEO) Mr. Ken Ezeard tendered his resignation effective June 30, 2002. As a result, a decision was made to begin the recruitment of a new CEO. The subsequent executive search resulted in the hiring of Mr. Phil Jost as new CEO in August 2002. Due to the CEO transition, it was decided that this Annual Report will be a combined Board Chair and CEO report.

Effective January 1 2002 the West Prince Health Board had the good fortune to have Mr. Barry Cholossey appointed to the Board. The Board took the opportunity by this appointment to develop and approve a new Board Orientation Policy.

In the delivery of health care services, evaluating the effectiveness and levels of quality are becoming increasingly important. In June 2001 the Board participated in the Canadian Council on Health Services Accreditation process. This was the culmination of three years of work since the previous accreditation. The Board and Senior Management worked closely on the Leadership and Partnership Standards and agreed on the following priorities: 1) Employee Wellness; 2) an Information Management Plan; 3) Increased Mental Health and Psychiatric Services; and 4) an Integrated Case Management process. The Council granted the Region a three year accreditation, with 11 recommendations having been made, five of which will be responded to by November 30 of this year. Our accreditation certificates can be seen hanging prominently in worksites throughout the region.

The process of accreditation is not a single event. It is an ongoing process involving the work and input of several regional committees. Regular updates were given on the Regional Strategic Plan, as well as regular updates from each of the Continuous Quality Improvement Teams. The Board is kept abreast of the various Performance Indicators developed within the Region as well as those developed as part of the Provincial Performance Indicator project. On behalf of the Board, I would like to extend a sincere thank you to the staff, volunteers, and senior mangers for all the time spent to have our system accredited for another 3 years.

The Board continued to advocate for the construction of the 10 bed Long Term Care Wing at Community Hospital. Agreement was reached, with the Province on a conceptual drawing and a $900,000 budget. The present and future demographic trends as they relate to the senior population more than justified the advocacy role the Board took in ensuring this expansion happened as soon as was feasible. At time of printing of this report, October, 2002, construction has commenced.

The expansion of Home Care services and the use of TeleHomeCare continues to be a priority of the Board. In March of 2002, the West Prince TeleHomeCare service was the recipient of a

national "IT Hero Award". This was awarded through a partnership between the IT Association of Prince Edward Island, Industry Canada, and the private sector. Other technological advances in the region included the installation of the new Radiology Information and Dictaphone systems and the purchase of a new Lifeline Station for Western Hospital for use in the monitoring of dozens of home based clients.

Communication with the public and on behalf of the West Prince community was achieved in several ways. The Board has agreed to publish a West Prince Health Community Newsletter twice per year. Each household was to have received a newsletter for example just days prior to this meeting. This is an opportunity to inform the public of current developments within the region which impact on individual's health and health care services. In addition, the Board initiated correspondence concerning several current issues throughout the year. These included: a letter to the Premier and the Minister of Community and Cultural Affairs supporting the concerns of Tignish Fire Department as it related to the new "911" service; a letter to the Minister of Justice regarding the inadequate sentencing of child sex offenders; and a letter of support was sent to Minister Jeffery Lance concerning the retention of Holland College in West Prince.

The Board has had involvements concerning governance at several levels. Board chairs, CEO's, the Minister of Health and Social Services - the Honorable Jamie Ballem, and the Deputy Minister of Health and Social Services - Rory Francis all took part in discussions on Roles and Responsibilities, elections processes, budgets, and the provincial strategic plan. Other province-wide meetings for Boards took place in September 2001 and March 2002. Roles, responsibilities, strategic planning and board education were encompassed in these gatherings. One Board member, Ernest Hudson, participated on the Provincial Board Governance committee. The West Prince Health Board also participated in a brief made to the Romanou Commission while they were on Prince Edward Island.

More focused participation of Board Members included participation in the following: the Regional Ethics Committee; the Provincial Health Technology Assessment Committee and the Canadian Healthcare Association Annual Meeting.

The introduction of the new Disability Support Program was much anticipated. This program is designed to provide integrated support to people with disabilities. It is more sensitive to the individual client needs than previous programs and is expected to have a major impact in fostering independence and self reliance amongst those with disabilities. The roll out of this program will take several months.

The addition of a "Children's Mental Health" clinician was in keeping with the priorities set out by the Board. Work continues in this area for the possible further expansion of community based mental health services for residents of West Prince.

To ensure compliance with the Province's new French Services Act, funding was provided for a French Languages Coordinator. The role of this position is to assess the level of need for french

language services within the West Prince Health Region and to design responses to the identified needs.

Two joint meetings with the region's physicians took place during the year - one in May and the other in December. Physicians in O'Leary commenced discussions with the Department of Health and Social Services concerning the possible development of a "Collaborative Practice". The Region's CEO also participated in these discussions. Results will be known in 2002. Meanwhile, our CEO continued his search for a ninth physician for the region.

Community partnerships must be acknowledged. Certainly the work of the Western Hospital Foundation, the Western Hospital Ladies Auxiliary, the Community Health Foundation, the Community Hospital Ladies Auxiliary, and the Maplewood Manor Ladies Auxiliary must all be acknowledged. Their role is instrumental in supporting the equipment and special needs of our facilities and other health care related programs. Similarly, the non-governmental programs with which West Prince Health partners in service delivery are key components to a "primary health care" model of health care at work. These include: Community Inclusions Inc. - whose staff unionized this past year; Transportation West Inc. - which in addition to its ongoing scheduled service is now contracted to deliver a new service to the Mount Herbert Provincial Addictions Facility for certain addicted persons; the Welcome Program - providing ongoing day programming for seniors and others with disabilities; Rural Community Learning Inc. - which delivers the Youth Opportunities and Opportunity Centre programs; the Canadian Mental Health Association; the West Prince Family Violence Prevention Cooperative; and Kids West. All of the above organizations are true "partners in health".

West Prince Health has had a slight change to its name. As a result of an Act in Council, the region is no longer referred to as an "authority". It is now referred to as the "West Prince Health Region". This is in keeping with the increased focus on "primary health care" which each of the Province's regions has as its principle focus.

In closing, on behalf of the Board of Directors and our Chief Executive Officer - Phil Jost I wish to thank you the public for taking the interest you have in the health of our citizens and indeed our communities here in West Prince. I also want to thank our many staff, and volunteers who contributed so much to the delivery of the many services throughout the year. Each of you impacts greatly on the lives of those we so directly touch. It is your commitment to serving others and a job well done which will have an enduring impact.

Robbie Thibodeau, Chair
West Prince Health
Board of Directors

Phil Jost
Chief Executive Officer
West Prince Health

OPERATIONS AND SUPPORT SERVICES

This report includes highlights of the services and activities provided by the Division of Operations. These services include: environmental services, nutrition and food services, maintenance, CSR and purchasing.

Support to Volunteers, Programs, Clients, Residents

The West Prince Health region provides a meal service to clients with special needs in the community. Clients are referred by staff of Home Care, Public Health and Physicians. Staff of Nutrition Services at Maplewood Manor and Community Hospital prepared 3,634 nutritious meals which were delivered to clients by community volunteers. This service is one of many that allow many of our residents to remain in their own homes.

Also, the Nutrition and food Services staff at Maplewood Manor prepared 916 meals for participants attending the Welcome Program.

Catering Services

The region, supported by the staff of the Nutrition and Food Services departments provide catering services to support various activities, programs, socials, and special events hosted in our facilities.

Recycling Activities

The West Prince Health region supported by the staff of Environmental Services continues to support the recycling processes through education and implementation of Waste Watch activities. Currently staff are sorting waste, compost and recyclables etc. in preparation for full implementation of the Waste Watch Program in November, 2002.

Lifeline and Equipment Loans

Lifeline services are managed and supported by volunteers and Environmental and Maintenance staff of Western and Community Hospitals. Currently the region supports more than 80 clients in their homes with lifeline units. A new computerized Life Line Monitoring system was installed at Western Hospital on February 4, 2002. This system replaces the RC400 which is now outdated and not covered with Lifeline Canada. The new RC500 system will allow us to print off monthly reports giving us first hand information on all incoming calls, time frames, emergences, non-emergencies, response time etc. A representative from Toronto spent four days at the hospital setting up the unit and doing training.

Equipment Loan

The region has a small inventory of equipment that we loan to clients in the community. Inventory of equipment is managed and maintained by support staff.

Education

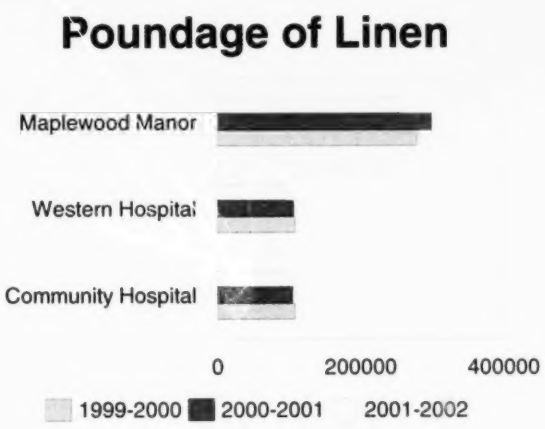
The West Prince Health region continues to support educational opportunities for all staff. Staff

have an opportunity to upgrade skills in the areas of CPR, WHMIS and Fire and Safety on an annual basis. Currently the regional education committee is seeking out an educational opportunity for regional support staff.

Purchasing News

Regional staff are currently participating in training for the upgrade to the Oracle program from version 10.5 to 11i, which is windows-based. The go-live date for all regions is October 16, 2002.

Site	1999-2000	2000-2001	2001-2002
Community Hospital	108907	105335	107172
Western Hospital	108772	106998	94108
Maplewood Manor	280000	300142	255744



Submitted by: Debbie Barlow

QUALITY SERVICE AND EVALUATION

The primary function of Quality Service and Evaluation is to work with front line staff, supervisors and directors to monitor and evaluate the quality of service delivery, client outcomes and to identify ways to continually improve services and results.

This is achieved through such means as supporting the regional Continuous Quality Improvement Teams with their initiatives; developing and maintaining Results Measurement processes including the development and monitoring of Performance Indicators; coordinating the accreditation process; policy review and development; and analyzing service utilization.

Risk Management has become a new aspect of this role. The goal of risk management is to identify and evaluate any situations or issues that present an element of risk and to take appropriate actions.

During the past year:

The highlight of the year was receiving Accreditation from the Canadian Council for Health Services Accreditation (CCHSA) following the completion of the self assessment documentation by the various Continuous Quality Improvement Teams and the survey visit in June 2001. Four CCHSA surveyors from across the country spent five days in our region meeting with all the CQI teams, WPH Board members, clients, staff, physicians and community members as well as touring all our facilities.

The survey report complimented the region and the staff on the quality care and services provided to the residents of West Prince and "on its integrated and co-ordinated approach to care and service delivery". They were also complementary of the regions Quality Management structure and processes.

Following the Accreditation survey the CQI teams continued to meet on a regular basis. Each team, having completed their self assessment as part of the Accreditation process, had developed a new workplan based on their "Opportunities for Improvement" identified in the self assessment. From this each team began working on some of the identified activities.

Team highlights:

Several teams conducted **satisfaction surveys** of their clients and actions were taken to address some of the identified issues.

The **Seniors Team** held their yearly focus group with some seniors and caregivers where transportation and relief for the caregiver were identified as significant needs.

Several audits of various processes within **acute and long term care** are carried out by these teams on a regular basis to help ensure the delivery of a quality service.

The **Infection Control Team** promoted proper disposal of sharps in the community and

also promoted the benefits of obtaining the flu vaccine.

The **Acute Team and Pastoral Care** implemented ways to better identify and communicate the pastoral care needs of patients.

Client information booklets were developed and/or revised for both acute and long term care facilities.

As a result of the **Staff Satisfaction Survey** conducted by the Human Resource Team a leadership development program "Where Eagles Soar" was attended by managers and supervisors.

The **Child and Youth Team's** primary focus was on moving forward the Healthy Child development Strategy and on the development of a case management model.

Several members of the **Adult Team** attended the **Employment Summit** in March 2002.

The **Information Management Team** developed several policies related to security and confidentiality of information. The need to develop an Information Management Plan has been an on-going need and a framework for the development of a plan was drafted.

The **Physical Environment Team** has focused much of its attention to the development and monitoring of Performance Indicators that address safety and quality.

Policies

Policy review, standardization and development is an on-going process with focus this past year on Lab, X-ray, Medical Records and Materials Management.

Utilization Reports

Completion of yearly service utilization reports and responding to special requests for statical information is an on-going activity. Availability of and timely access to information continues to be a frustration at times but with the roll out of the new Integrated Service Management system that will be in place for the community based services and with upgrades to some other systems, the availability of data will be greatly enhanced.

Performance Indicators

With increasing focus on Results Management there had been increased attention paid to identifying and monitoring Performance Indicators to measure and monitor our service delivery process and outcomes.

Risk Management

In the area of Risk Management we have participated in the development of a new process to document and eventually track all incidents that occur within our region. The initial purpose, as has been the practice in the past, is to ensure our response to any incident is appropriate and timely. With the ability to trend incidents over time gives us the ability to identify other areas for improvement which might not have been obvious before.

Submitted by: Marlene Bolger

COMMUNITY DEVELOPMENT COORDINATOR

The primary role of the Community Development Coordinator is to liaise with existing community based partners in the provision of health care programs and services. Some of these programs are funded by West Prince Health to varying degrees. The philosophy of "community development" is that communities have the capacity to respond to specific needs in a way that is appropriate to that community or the particular need. The role of the Coordinator is to support the above or in the cases of unmet needs, to assist in finding creative, sustainable solutions. Much of this work is in support of a **"primary health care"** approach to meeting health care goals and objectives.

Non Governmental Organizations

West Prince Health contracted with five (5) community based organizations for the provision of specific services. These organizations are: Community Inclusions Inc.; Partners in Action Inc. (The Welcome Program); Transportation West Inc.; Rural Community Learning Inc. and the Canadian Mental Health Association. The total funding provided to these organizations in 2001 - 2002 was approximately $536,000. Other community based organizations with which West Prince Health partners to a significant extent include: Kids West Inc.; the West Prince Family Violence Prevention Cooperative; and Resources West Inc.

The role of the Community Development Coordinator vs a vs the above organizations varies from 'liaison' only with some, to ex-officio board member with others. The organizations which receive funding from West Prince Health have contractual agreements with West Prince Health which are negotiated and monitored by the Coordinator. It is a goal that future contracts will build in "program indicators" which will encourage more quantifiable measurements of results achieved by each of the organizations.

The partnerships which have been created with each of the community based organizations have enabled growth in service provision and health promotion which would not have been achievable otherwise. These organizations have very specific mandates to provide very focussed services which were not traditionally provided by the West Prince Health Region. They are an extension of our own delivery system which creates greater capacity to serve those with special needs within our communities. The work of our community based partners is evidence of "primary health care" being operationalized at the community level.

TeleHomeCare

The TeleHospice Program has broadened its mandate within the region to include service provision beyond palliative care. Developmental work continues to cultivate new partners and resources to expand this program. Health Canada invited West Prince Health representatives to attend the National Consultation on TeleHealth in August of 2001 and to the National Consultation on Technology in Home Care in March of 2002. Sustainability is key to the longevity and expansion of this service.

Chronic Disease Strategy

West Prince Health participates in the provincial interagency gathering which will lead to a province wide strategy on "chronic disease prevention". Representatives from the following Alliances participate in the development of this strategy: 1) the Prince Edward Island Tobacco

Reduction Alliance; 2)the Active Living Alliance; and 3) the Healthy Food Strategy. West Prince Health has representatives on each of the above Alliances. It is hoped that the Chronic Disease Strategy will assist in bringing each of the Alliances together in the planning and implementation of each of their strategies. This is most important when one considers that the same determinants of health impact on the health concerns which are being addressed by each of the Alliances eg. diabetes, lung disease, heart disease, cancer, etc.

Healthy Child Development Strategy

West Prince Health participates in the provincial "Healthy Child Development Strategy". Locally, consultations with staff and interagency gatherings have led to preliminary networking. Further consultations will lead to a West Prince "Child Friendly Initiative".

Continuing Education

The Regional Continuing Education Committee met 7 times in the past year. Training opportunities are facilitated and supported financially through the work of the regional committee and its five "site" committees. Policy recommendations and development are part of this group's mandate as well.

Staff education and training continues to be an integral part of the Human Resource development amongst West Prince Health's approximate 300 staff. The impact of a "Primary Health Care" focus on service delivery will continue to place demands on "reorientating" staff to this mode of work in health care.

Submitted by: John Martin

CHILD AND FAMILY SERVICES

The programs and services provided through this work site are: Income Support (Employment Enhancement and Job Creation), Child Welfare (Child Protection, Foster Care, Adoption and Family Resource), Day Care Subsidy and Disability Support. The following will be an overview of these program areas for the past year.

Disability Support Program

During this year the new Disability Support Program was implemented providing human and financial resources to persons with physical and mental challenges. This Program replaces the former Family Support, Employment Assistance for Persons with Disabilities, and Rehabilitation Programs. To support this Program additional dollars for staff were assigned by the Province and a significant amount of training was provided to enhance the knowledge and skill level of staff. In this Program the client is responsible and accountable for the purchasing of the supports that they require, e.g. training courses.

Day Care

As stated in last year's report, the Day Care Subsidy Program continues to expand. The number of parents applying has significantly increased during the last couple of years. Until recently parents had not utilized the Program but with changing labour opportunities and family supports, the need for this service has also changed. To qualify, the total family income is compared to a sliding fee scale which determines the amount of subsidy required. In most cases the family pays a certain percentage of the cost.

Income Support

Based on caseload analysis, the historic trend continues to exist with no major increases or decreases in caseloads. The emphasis on having applicants who have the capacity to be connected to the labour market has supported them to access training and/or employment. A major shift has been the number of seniors who are applying for benefits to supplement their income and to assist them with placement in Licenced Community Care Facilities.

However, the availability of jobs continues to be an issue in the context of the level of wages around employment. In many situations wage levels are inadequate to support a family or the job is part-time or seasonal.

A highlight of this Program is the partnerships, for example with Human Resource Development Canada and Youth Opportunities, which has enhanced the quality of the delivery of the Program especially in the areas of job placements and training opportunities.

Child Welfare

The focus on the new Child Protection Act which has yet to be implemented has been very positive for the front line staff. The new legislation challenges previous practice models, the definition of who is the client and the overall role of the service. It is hoped that the new direction will more clearly define who is a child in need of protection.

Staffing is a major challenge, especially, the recruitment of social workers. However, this year a full complement of staff has been maintained and the dedication of these staff is very high.

Furthermore, one of our Family Resource staff has returned to University to study towards a degree in Social Work and has plans to return to West Prince Health.

With respect to challenges, the capacity of the Health Region to meet the diverse needs of children requiring specialized service is a significant problem to resolve. Due to the size of the Province, some of these resources are located in larger centres. Fortunately, a positive working relationship exists between all the supports within the system and external such as Kids West. Through this cooperation many children are creatively serviced which says a great deal for our various teams.

As in the past the retention and recruitment of foster homes continues to be difficult. Today many families have both parents working outside their home thus unavailable for this role. For many families they are concerned about their ability to manage the behaviors of certain age groups due to sexuality and drug use issues. Nevertheless, this year the region has successfully assigned two social work staff to this Program and the Adoptions which has very high assessment standards. This work assignment will go a long ways to support foster families and the Program generally.

During this year the Child Welfare Program was recognized provincially by the Institute of Public Administration of P.E.I. for Excellence in Service. This award was very well received by staff who are not often recognized for their efforts in protecting the children of our community.

Mental Health

The need for Psychiatric and Mental Health resources continues to be an issue for the Health Region and for other agencies. The existing resources operate in a crisis response mode attempting to meet the immediate needs of those referred for services.

This year the Children's Mental Health Program was implemented. West Prince Health acquired the funding for one full time clinician who immediately had a very high number of referrals. As part of this initiative a pilot project was funded by HRDC to hire two persons to provide in home supports to children and their parents. This project is for one year at which time a final evaluation will determine its benefits to the families.

Provincially, West Prince Health participated in the planning and development of a new Mental Health Program. It is expected that additional funds will be assigned to the region to develop mental health positions to deliver the service within West Prince Health. As this plan includes County and Provincial roles for the service, the hope is that major crisis and other needs will be responded to in a more timely and appropriate manner.

Addictions

For West Prince Health the new delivery model for services to those impacted by drug and/or alcohol misuse has been very well accepted and utilized by residents. Regionally, the resources are available to provide direct support to the client and their families. If linkages are required to the Provincial Addictions Facility, the processes are in place. To have this menu of services has lessened the suffering for children, youth, parents and especially for the addicted person.

Although there are provincial programs yet to be implemented at the regional level such as Gambling and Programs for Women, they are developed and are being piloted. It is expected

that these programs will shortly begin to work with regional Addiction staff who have responsibility for these areas.

Conclusion

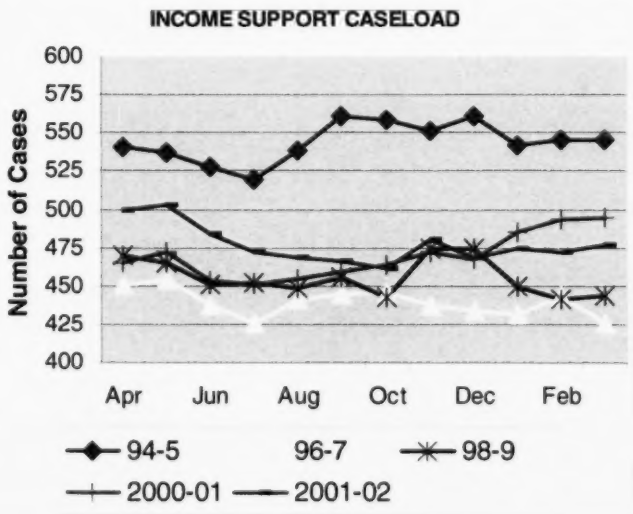
To summarize, the challenge for these program areas is to demonstrate how they work together to prevent duplication and to provide enhanced quality interventions to those requiring the service in a cost effective manner. The measurement of this process will be the goal for the upcoming year.

Submitted by: John Buchanan

CHILD AND FAMILY SERVICES

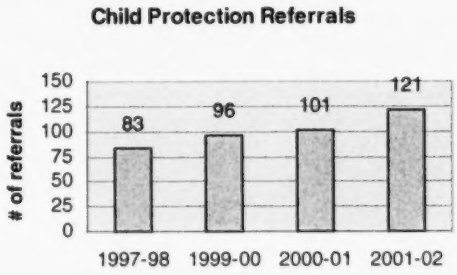
	2000-01 TOTAL	2001-02 TOTAL
Intake (new referrals)		
'# New applicants for Income Support	453	469
# Child Protection Referrals	101	121
Average caseload per month		
Adult Disability Program*	-	6*
Adoptive Parents	9	4
Child in Care	19	21
Child Aid Resource	17	19
Child Disability Program*	-	3*
Day Care	69	77
Employment Enhancement	48	49
Employment Vocational*	-	4*
Income Support	469	478
Foster Caregivers	17	19
Family Support*	42	43*
General Counselling	70	62
Group Work	12	5
Mentally Challenged*	19	17*
Protection	54	51
Rehabilitation*	19	23*
Family Service Worker	9	13
Avg. Total Caseload per month	**873**	**886**

* Caseloads in these services are not typical as the transition is made between the previous programs (Rehabilitation, Family Support and Mentally Challenged) and the new Disability Support Program (Adult Disability, Child Disability and Employment Vocational)



Highlights:

- There were 121 Child Protection referrals. This is an increase from last year. 20% of the referrals were related to neglect of a child(ren) and almost 17% was related to domestic violence.



- There were 469 applications for Income Support. 26% of these received assistance for one month or less and 64% received assistance for more than 1 month.
- The average number of active cases each month increased slightly to 886.
- The average Income Support caseload was 478, up slightly from 469.
- The average Child Protection caseload in any given month was 51.
- There were 52 Job Placements and 41 Employment Enhancement placements made in the year.
- On average, there were 21 children in foster care each month.
- On average, there were 46 children with disabilities receiving services from the Disability Support Program each month.
- The Family Resource and Family Service Worker programs provided support to an average of 37 individuals/families each month.

ADDICTION SERVICES

	2000-01	2001-02
Rehabilitation Counselling		
# new clients	76	70
Avg. # office visits/mo	47	52
Rehab Program		
# groups	2	2
# participants	23	24
After Care		
# groups (weekly)	2	2
Avg. attendance	8	7
Other programs (eg Anger Management, Life skills, Addiction Education)		
# programs run	3	3
# Participants	26	24
Youth Addictions		
# assessments	108	79
# 1on 1 sessions	139	157
# groups (e.g SAP, KICK THE NIC)	7	7
# sessions	81	64
# participants	76	44
# groups/ sessions		32
# people seen		1609
Family Counsellor (6 months of service)		
# Referrals	112	119
- professional	-92	-101
- self/community	-20	-18
# client visits (outside of groups)	95	117
#individual/family counselling	23	35
AMBULATORY DETOX		
# Referred and Screened	287*	600
# Clients admissions	124	245
# follow-up counselling and support	-	537
# professional consultations	-	1722

* The Ambulatory Detox program began in Sept, 2000 thus these statistics represent approximately 7 months service.

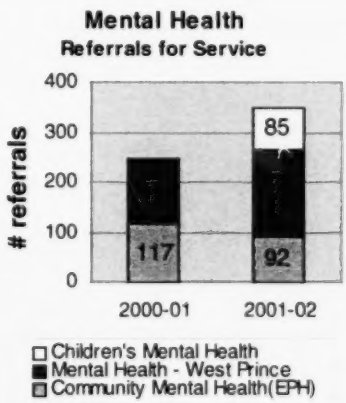
MENTAL HEALTH SERVICES

	2000-01	2001-02
Community Mental Services (provided by East Prince Health)		
# referrals received from WP residents	117	92
# of new cases opened	NA	NA
# of session in West Prince clinic	536	456
# Medication Management Program	8	11
# Seniors Mental Health- Telehomecare	-	<5
Mental Health Services - West Prince		
# of referrals	129	173
# assessed		149
# of referrals admitted to service	108	107
Children's Mental Health Program*		
# of referrals	-	85
# of referrals admitted to service	-	65

* **Program began Sept/01**

Highlights:

- Youth Addictions completed 79 individual assessments and 157 one-to-one sessions.
- The Family Counsellor received 119 referrals in the year, up slightly from the previous year.
- There were 70 new clients referred for Rehabilitation Counselling.
- 2 Rehab groups were held during the year with a total of 24 participants.
- There was a total of 600 clients referraled and screened through the Ambulatory Detox Program and 245 admitted to the service. 1/3 of those referred to Ambulatory Detox were female.
- Children's Mental Health program began in Sept 2001 and there were 85 referrals in the first 6 months of the program.
- Referrals to Community Mental Health Services through East Prince Health decreased by 39%.

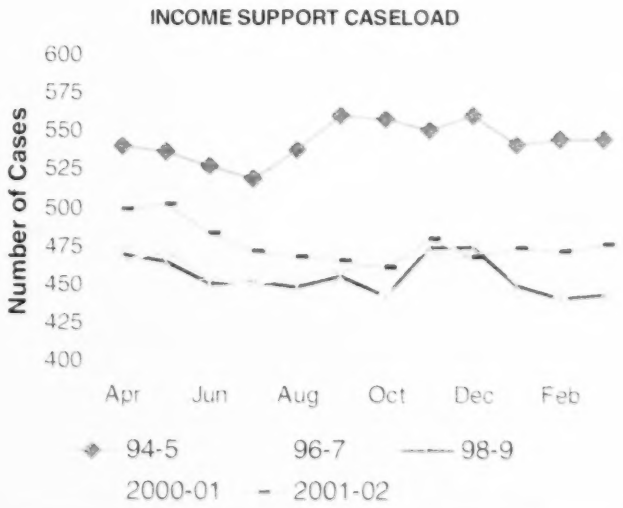


- There were 173 referrals for Outpatients Mental Health Services in West Prince. A 34% increase.
- This graph shows the transition in the delivery of Mental Health Services as well as the over growth.

CHILD AND FAMILY SERVICES

	2000-01 TOTAL	2001-02 TOTAL
Intake (new referrals)		
# New applicants for Income Support	453	469
# Child Protection Referrals	101	121
Average caseload per month		
Adult Disability Program*	-	6*
Adoptive Parents	9	4
Child in Care	19	21
Child Aid Resource	17	19
Child Disability Program*	-	3*
Day Care	69	77
Employment Enhancement	48	49
Employment Vocational*	-	4*
Income Support	469	478
Foster Caregivers	17	19
Family Support*	42	43*
General Counselling	70	62
Group Work	12	5
Mentally Challenged*	19	17*
Protection	54	51
Rehabilitation*	19	23*
Family Service Worker	9	13
Avg. Total Caseload per month	**873**	**886**

Caseloads in these services are not typical as the transition is made between the previous programs (Rehabilitation, Family Support and Mentally Challenged) and the new Disability Support Program (Adult Disability, Child Disability and Employment Vocational)



Highlights:

- There were 121 Child Protection referrals. This is an increase from last year. 20% of the referrals were related to neglect of a child(ren) and almost 17% was related to domestic violence.

- There were 469 applications for Income Support. 26% of these received assistance for one month or less and 64% received assistance for more than 1 month.
- The average number of active cases each month increased slightly to 886.
- The average Income Support caseload was 478, up slightly from 469.
- The average Child Protection caseload in any given month was 51.
- There were 52 Job Placements and 41 Employment Enhancement placements made in the year.
- On average, there were 21 children in foster care each month.
- On average, there were 46 children with disabilities receiving services from the Disability Support Program each month.
- The Family Resource and Family Service Worker programs provided support to an average of 37 individuals/families each month.

ADDICTION SERVICES

	2000-01	2001-02
Rehabilitation Counselling		
# new clients	76	70
Avg. # office visits/mo	47	52
Rehab Program		
# groups	2	2
# participants	23	24
After Care		
# groups (weekly)	2	2
Avg. attendance	8	7
Other programs (eg Anger Management, Life skills, Addiction Education)		
# programs run	3	3
# Participants	26	24
Youth Addictions		
# assessments	108	79
# 1on1 sessions	139	157
# groups (e.g SAP, KICK THE NIC)	7	7
# sessions	81	64
# participants	76	44
# groups: sessions		32
# people seen		1609
Family Counsellor (6 months of service)		
# Referrals	112	119
- professional	-92	-101
- self/community	-20	-18
# client visits (outside of groups)	95	117
#individual/family counselling	23	35
AMBULATORY DETOX		
# Referred and Screened	287*	600
# Clients admissions	124	245
# follow-up counselling and support	-	537
# professional consultations	-	1722

* The Ambulatory Detox program began in Sept. 2000 thus these statistics represent approximately 7 months service

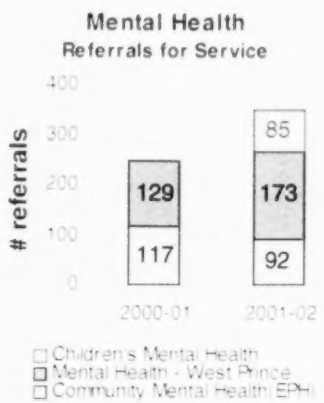
MENTAL HEALTH SERVICES

	2000-01	2001-02
Community Mental Services (provided by East Prince Health)		
# referrals received from WP residents	117	92
# of new cases opened	NA	NA
# of session in West Prince clinic	536	456
# Medication Management Program	8	11
# Seniors Mental Health- Telehomecare	-	<5
Mental Health Services - West Prince		
# of referrals	129	173
# assessed		149
# of referrals admitted to service	108	107
Children's Mental Health Program*		
# of referrals	-	85
# of referrals admitted to service	-	65

* **Program began Sept/01**

Highlights:

- Youth Addictions completed 79 individual assessments and 157 one-to-one sessions.
- The Family Counsellor received 119 referrals in the year, up slightly from the previous year.
- There were 70 new clients referred for Rehabilitation Counselling.
- 2 Rehab groups were held during the year with a total of 24 participants.
- There was a total of 600 clients referraled and screened through the Ambulatory Detox Program and 245 admitted to the service. 1/3 of those referred to Ambulatory Detox were female.
- Children's Mental Health program began in Sept 2001 and there were 85 referrals in the first 6 months of the program.
- Referrals to Community Mental Health Services through East Prince Health decreased by 39%.



- There were 173 referrals for Outpatients Mental Health Services in West Prince. A 34% increase.
- This graph shows the transition in the delivery of Mental Health Services as well as the over growth.

LONG TERM CARE
MAPLEWOOD MANOR
COMMUNITY HOSPITAL, O'LEARY

Mission Statement: The long term care services of Maplewood Manor and Community Hospital, O'Leary exist to provide Quality Centred Care to seniors with special needs by qualified personnel in an environment which recognizes the need for comfort, respect and dignity.

MAPLEWOOD MANOR

Staffing:

Maintaining sufficient R.N. staffing has been particularly challenging during the past year. Recruitment and retention of R.N.'s to West Prince Health (W.P.H.) continues to be a priority. Our region works closely with Glen Doyle, Health Recruiter for P.E.I. Public Service but recruitment to rural P.E.I. and Long Term Care is proving to be particularly difficult despite promotional efforts for our rural areas.

According to the report "Supply and Distribution of Registered Nurses in Canada 2001" approximately 57% of R.N.'s in Long Term Care (L.T.C.) in P.E.I. are over 50 years of age. Based on this information recruitment of R.N's to L.T.C. will continue to be a priority area for West Prince Health for succession planning.

The commitment and dedication of the nursing staff for their support during this difficult time must be acknowledged. Their willingness to work extra shifts and make shift changes was key to maintaining services to all residents.

The following services/programs continue to be offered to our residents on site by West Prince Health staff or visiting consultants.

- Dental care program - provided by trained staff with support from provincial dentist, dental hygienist, and local dentist.
- Resident Care Conferences continue on regular basis, often with family participants.
- Nail care program provided by "team of specialy trained nursing staff".
- Physiotherapy service provided by Brian Hiscock, WPH .5 days per week.
- Occupational therapy provided by Janice Ellis WPH .5 days per week.
- Audiology testing provided by Provincial Audiologist, Pat Ellis
- Physician service: Dr. Sethi serves as house physician. Other regional physicians and consultants visit as necessary. Dr. Zacharias, Provincial Geriatrician, visits residents on a referral basis.
- Key worker program for new admissions is on going. Key workers are trained staff who assist new residents and their families with all aspects of the admission process.

Pharmacy Service:

A new unit dosage medication system delivered by Provincial Pharmacy was initiated at Maplewood Manor in February 2002. The introduction of blister package medications, regular medication reviews, standardized policies and procedures have significantly improved the drug delivery system.

Summer students:
During the summer of 2001 Maplewood Manor was fortunate to have five (5) students working in the Provincial Health Care Futures Program. This has proven to be a very positive experience for the residents, staff and students.

Staff Education/Personal Development:
Staff education continues to be a high priority at Maplewood Manor. Claudia Gallant, LNA, offers C.P.R. training and recertification to staff on site. Thanks to Claudia for this service.

Staff participated in various educational sessions throughout the year including universal precautions, WHMIS, Harmony in the Workplace, diabetes, lifts and transfers, back care, wound care, basic and advanced foot care, Palliative Care, Alzheimer Disease, risk management, non violent crisis intervention, SAST, first aid and others. Staff performance Development Plans are ongoing.

Volunteers:
Maplewood Manor continues to receive wonderful support from the community for its volunteer program and from West Prince Christian Council who provide regular church services for our residents.

Students in grade 3 and 4 at Alberton Elementary school visit every two (2) weeks for a reading program with residents. Residents and students look forward to these visits. Many other community volunteers assist with countless activities associated with the Activity Programming as well. Maplewood Manor Ladies Auxiliary continues to support programs for residents and fundraise for equipment. Volunteers were recognized on April 25, 2001 with 215 pins presented. Thanks to all volunteers for their ongoing support.

A new entrance to the outdoor recreation park and new concrete walkway from the front of the manor was constructed which provides easier access for visitors.

Continuous Quality Improvement
The regional Long Term Care Continuous Quality Improvement team has representatives from Maplewood Manor, Community Hospital, Community Health Services, physiotherapy, volunteers and clergy and continues to meet on a regular basis. This past year the team's focus was on completing the self assessment in preparation for the accreditation survey in June 2001.

COMMUNITY HOSPITAL, O'LEARY

The Long Term Care wing at Community Hospital will be redeveloped and 10 beds will be added. The building project will begin in October, 2002 with completion in early 2003.

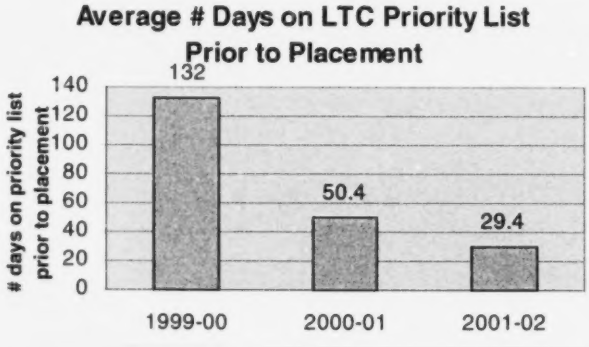
Staffing of Community Hospitals Long Term Care service continues to be shared with Acute Care. As noted in the Acute Care report, the cooperation of staff has enabled staff to be supported in order that vacations, etc. can be covered.

Submitted by:
Erna Glydon, Maplewood Manor Report
Arlene Gallant-Bernard, Community Hospital Report

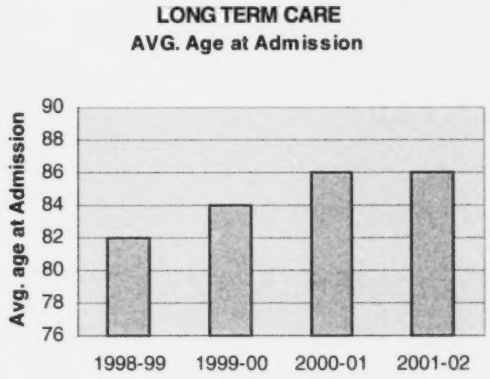
LONG TERM CARE		
	2000-01	2001-02
LONG TERM CARE		
Occupancy:		
# beds	63*	62
Avg. occupancy	92.6%	94.8%
Admissions:		
# admissions	25	31
Average # of days on priority wait list prior to admission	50	29.4
Average age on admission	86	85.7
Wait List:		
Average # on priority wait list	5	2.3
RESPITE CARE*		
# respite beds	1 (2Feb/Mar)	2
# admissions for respite	8	14
total respite days	178	535
Occupancy of respite bed	42%	73.3%
* In Feb 2001 one LTC bed at Community Hospital was designated as a respite bed thus changing the total regional bed complement to 62 LTC beds and 2 respite care beds.		

Highlights:

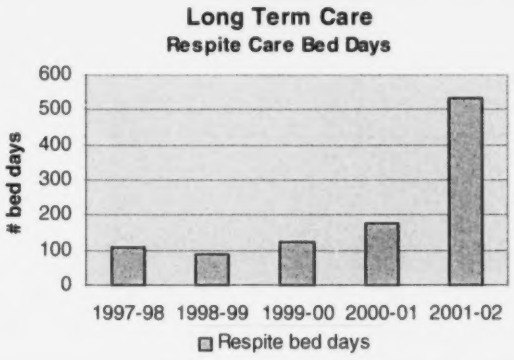
- There are 62 LTC beds in the region and 2 respite beds, one in each facility.
- There were 31admissions to Long Term Care compared to 25 the year before. This is almost double the number admitted four years ago.
- The average number of days on the priority list prior to admission is 29.4 days. This number has decreased significantly over the past few years. (See graph below)



- The average number of people on the priority wait list is 2.3, down from 5.
- Similar to last year, the average age of residents at admission was 85.7; but a significant increase from three years ago when the average age on admission was 82 years. (See graph)



- The average occupancy rate increased to 94.8%.
- There were fourteen admissions for respite care compared to 8 the year before. The total number of respite days increased significantly from 178 to 535 days, thus increasing the occupancy rate for respite care from 42% to 73.3% (See graph below)



- The level of care required by residents has been increasing over the past several years. About half now require level four care and half level five.

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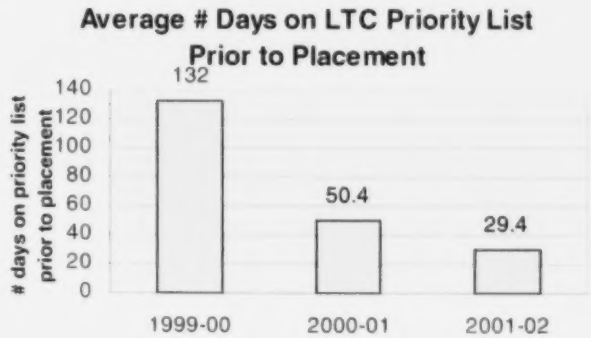

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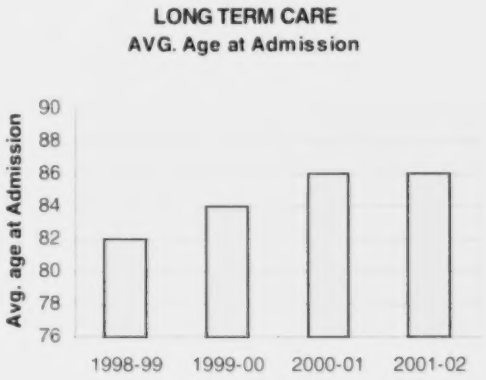

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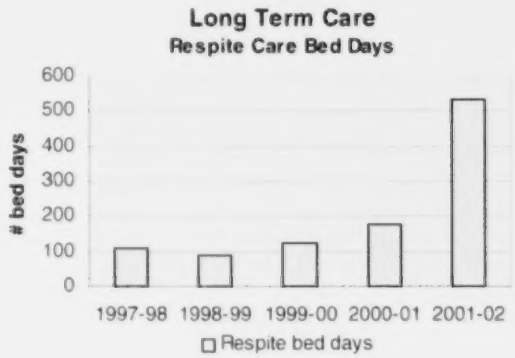


- The level of care required by residents has been increasing over the past several years. About half now require level four care and half level five.

ACUTE and CONTINUING CARE

The Acute and Continuing Care Division of West Prince Health provides emergency services and support to acute and continuing care programs. Western Hospital has 25 Acute Care beds, 2 palliative care beds and an emergency department. Community Hospital has 13 Acute Care beds, 15 Long-Term Care beds, and an emergency department.

The Acute Care Departments remain busy at both hospitals. Staff recruitment and retention has improved over the past year. Regular updates are provided by Glen Doyle, Provincial Recruiting Officer, and these provide us with good insight into what is happening across the island and the country. Scheduling continues to be a problem because of the lack of casual staff. We continue to depend on part-time and permanent staff to help with additional support, especially during sudden or unexpected leaves by staff and/or emergencies.

We continue to have a number of staff out on Workers Compensation. The return of these staff to regular work duties is often delayed, awaiting testing or consulting appointments.

Work continues on the integration of regional committees. We are presently looking at the Discharge Planning process for the region.

The Collaborative Practice Model of Health Care is being incorporated into Beechwood Clinic, O'Leary. These are exciting times as we approach a collaborative team approach to health care, utilizing the optimum scope of professional practices.

We continue to support staff in Continuing Education by enabling them to attend workshops. The challenge however is to provide staff replacements, thus enabling staff to attend inservices and workshops. The work on the Women Abuse Protocols has been completed with information sessions and documents shared to all staff within West Prince Health. The contact in West Prince for Women Abuse Protocols is Dorothy Blackadar, RN, Western Hospital.

Work continues on maintaining our Accreditation recognition by ensuring quality patient care. This work is provided through our CQI Committees. There are a number of CQI Committees including: Child/Youth and Family, Adult and Family, Seniors and Family, Human Resource, Information Management, Physical Environment, Acute, Long Term Care, and Leadership.

The Long Term Care wing at Community Hospital will be redeveloped and 10 beds will be added. The building project will begin in October 2002, with completion in early 2003.

We continue to streamline services in the summer months, where possible, to enable staff to have their much needed vacations. I thank staff for their dedication and commitment to all aspects of acute and continuing care and also to their continued support of each other, as they backfill and support to ensure vacations are received by all staff.

We continue to develop policies to support staff in working to their maximum scope of practise. We also continue to support Emergency Services in the region, for emergency situations only, and not as clinic visits. We do not have adequate staff resources to operate services outside emergency situations. We thank the public for their support in accessing emergency departments for emergencies only.

Respite Care is still offered at each hospital to special needs clients. There are also respite care beds at Community Hospital Long Term Care (1) and at Maplewood Manor (1) for those requiring geriatric care. The Ladies Auxiliary and the Foundations at both Western and Community Hospitals continue to support the equipment and ongoing needs for those services. We thank them immensely for their continued support, without which, we would not be able to provide the quality of service we do.

The following nurses, Leona Perry, RN at Community Hospital, Arlene Perry, RN and Darlene Getson, RN at Western Hospital continue to offer CPR courses to staff and other health care workers in the region. We thank them for their continued dedication and commitment to this valuable service.

The summer students working at both hospitals remain a valuable asset to our staff and patient/residents. They are a tremendous support to our team and we thank them very much for their continued good work at our facilities.

I want to take this opportunity to formally thank all staff for their continued commitment and dedication to providing quality service to the residents of West Prince.

Submitted by: Arlene Gallant-Bernard

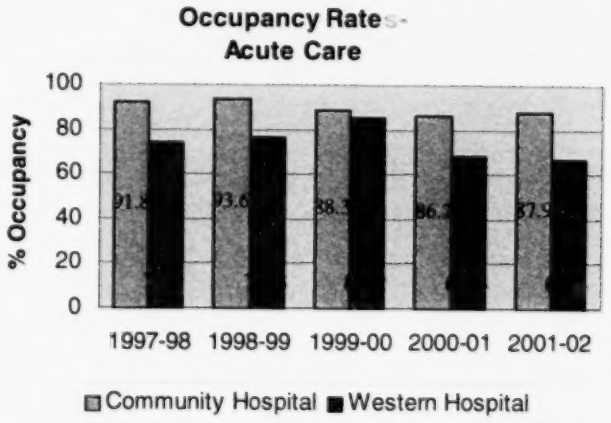
ACUTE CARE

	2000-2001			2001-2002		
	COMMUNITY HOSPITAL	WESTERN HOSPITAL	REGIONAL TOTAL	COMMUNITY HOSPITAL	WESTERN HOSPITAL	REGIONAL TOTAL
IN-PATIENTS						
# of beds in service	13	27	40	13	27	40
# admissions	558	1,005	1,563	523	1,026	1,549
# patient days	4,088	6,752	10,840	4,169	6,537	10,706
Avg. length of stay	8.3	7.5	7.8	8.2	6.2	6.7
Occupancy rate	86.2%	68.6%	74.3%	87.9%	66.4%	73.3%
EMERGENCY DEPT						
# visits	12,750	10,777	23,527	14,909	9,728	24,637
LABORATORY						
# Patient visits	8,347	10,220	18,567	8,699	9,718	18,417
# Tests completed on site	49,420	47,484	96,904	71,422	44,794	116,216
# Tests referred out	15,241	26,115	41,356	17,574	30,747	48,321
Total Workload units	294,281	272,459	566,740	301,371	274,083	575,454
RADIOLOGY						
X-RAY						
# Patient Visits	2,882	2,553	5,435	3,135	2,587	5,722
# Procedures	3,156	3,149	6,305	3,804	3,151	6,955
ECG						
# procedures	1,964	1,865	3,829	2,149	1,665	3,814
HOLTER	65	22	87	54	49	103
Total workload units	149,135	136,465	285,600	156,998	133,681	290,679
SPECIALIST'S CLINICS						
# patient visits	1,605	1,391	2,996	1,707	1,254	2,961

NOTE: Total Days of Care is for the Acute Care beds only. Adding the 5,116 Resident Care days for the LTC beds at CHO brings the total days of care for both the Acute and LTC areas at CHO to a total of 9,285 days.

Highlights:

- The total inpatient admissions decreased slightly from 1,563 to 1,549.
- Total patient days decreased very slightly from 10,840 to 10,706.
- The occupancy rate for the region decreased slightly from74.3% to 73.3%
- The average length of stay regionally decreased from 7.8 days to 6.7 days.



ACUTE CARE

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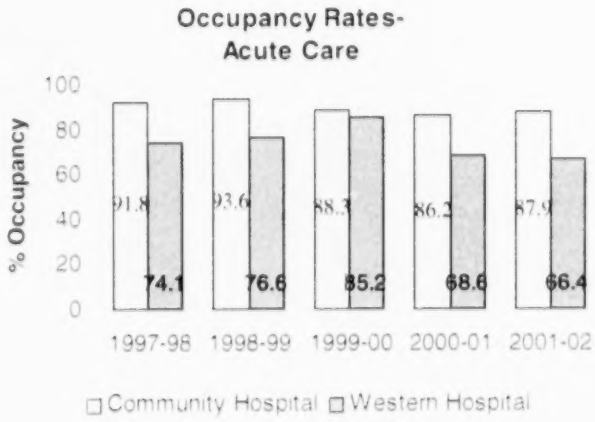
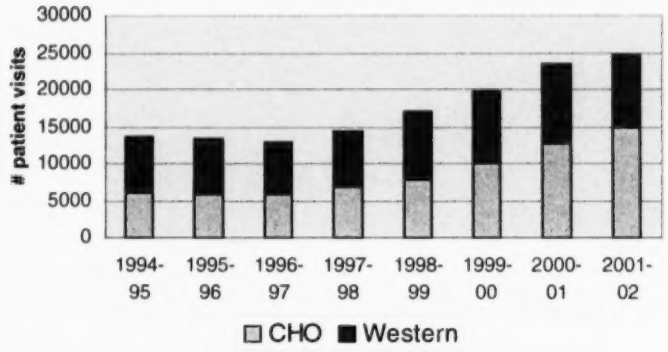


Acute Care Highlights Cont'd:

- The number of visits to the Emergency/ Outpatients Department increased by 1,110 patient visits to 24,637. In the past seven years the number of visits has increased by 81.1%.

ER/OPD Patient Visits
Total for Region

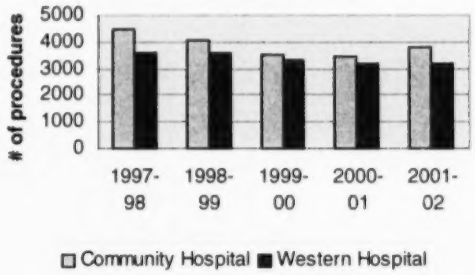


- 19,331 of these visits to the ER/OPD are for unplanned or unscheduled medical attention. Of these 19,331 visits:
  - 0.5% (106 patients) require emergency attention
  - 2.2% (416 patients) require attention to an urgent need
  - 16.3% (3149 patients) have semi-urgent needs
  - 78.0% (15,084) are non-urgent and generally do not require the services of an emergency department
  - 3% (578) left before being seen or were referred to the physician's office.

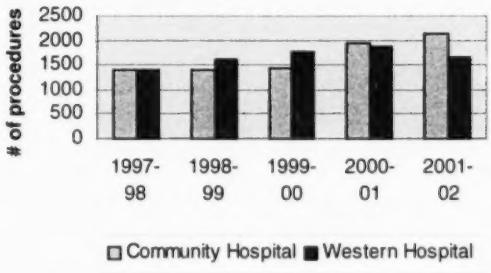
- There were 2,961 patient visits to outpatient specialists clinics.

- Overall, the number of x-ray procedures increased slightly while the number of ECG decreased very slightly. However, at the individual sites, CHO experienced an increase while Western has shown a decrease.

X-Ray Procedures



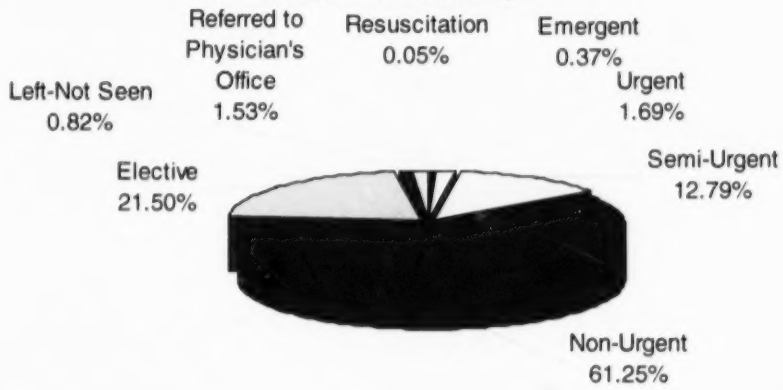
ECG Procedures

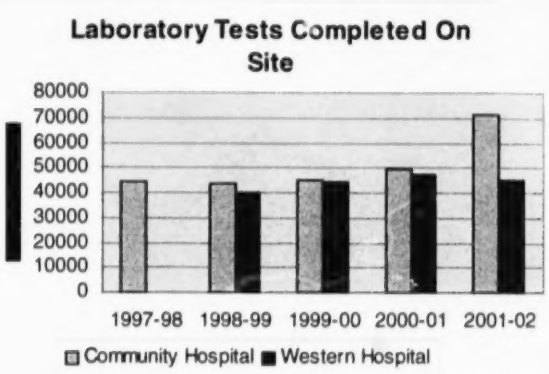


- There was an average of 1.3 visits/resident of West Prince to the ER for an unplanned visit compared to 0.9 visits/resident in 1996.

- This graph shows the overall % breakdown for the various levels of acuity for both un-planned and planned (elective) visits to the ER/OPD Depts.

ER/OPD Utilization
Community and Western Hospitals





- The number of patient visits to the lab decreased slightly to 18,417 visits. However, over the last six years there has been a 30% increase.
- Despite a decrease in patient visits the there was a 44.5% increase in the number of tests completed at CHO.

PHYSIOTHERAPY

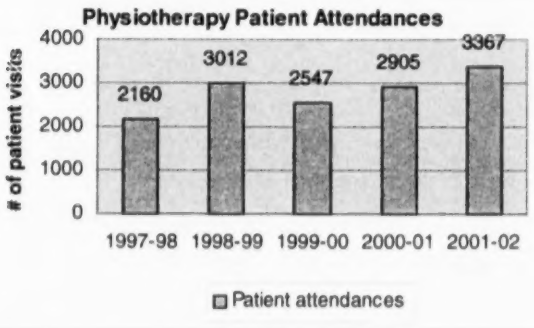
2001-2002

	NEW REFERRALS SEEN			PATIENT ATTENDANCE (appointments)			WEIGHTED CARE UNITS		
	Inpatient	Outpatient	TOTAL PATIENTS	Inpatient	Outpatient	TOTAL PATIENTS	Direct Care	Indirect Care	TOTAL UNITS
WESTERN HOSPITAL	154	144	298	550	962	1,512	50,095	17,483	67,578
COMMUNITY HOSPITAL	102	262	364	536	1,085	1,621	43,295	14,020	57,315
LONG TERM CARE*			0	189	-	189	2,910	1,905	4,815
HOME CARE	-	-	26	-	-	45	0	0	0
TOTAL 2001-02	**256**	**406**	**688**	**1,275**	**2,047**	**3,367**	**96,300**	**33,408**	**129,708**
TOTAL 2000-2001	210	377	581	847	2,058	2,905	77,260	27,980	105,240

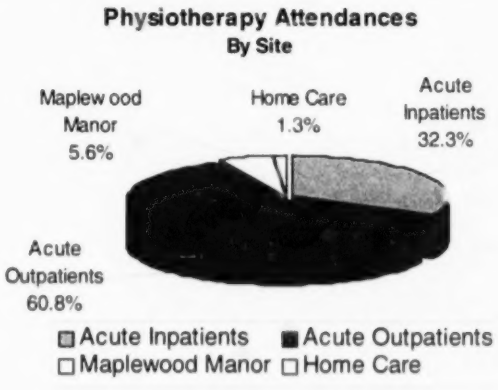
* Maplewood Manor only. New referrals not identified. Services provided as needed to 48 residents. Long Term Care at CHO included in CHO statistics.

Highlights:

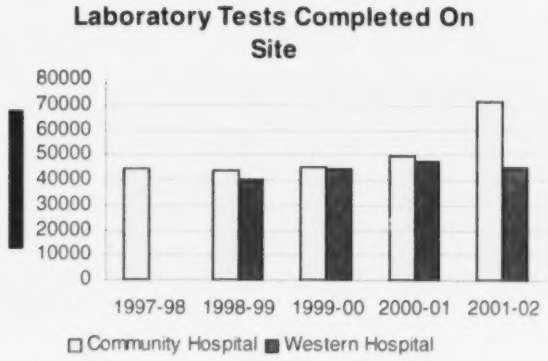
- There were 688 new referrals seen in the year compared to 581 the year before.
- There were 3,367 patient attendances (appointments) compared to 2,905 the year before, an increase of 16%. (See graph below)



(Note: the 1999-00 attendances was lower due to one of the positions being vacant for a period of time.)



- 60.8% of the patient appointments were seen in outpatients; 32.3% were inpatients and LTC residents at CHO; 5.6 % were Long Term Care residents at Maplewood Manor and 1.3% were Home Care clients.



- The number of patient visits to the lab decreased slightly to 18,417 visits. However, over the last six years there has been a 30% increase.
- Despite a decrease in patient visits the there was a 44.5% increase in the number of tests completed at CHO.

PHYSIOTHERAPY

2001-2002

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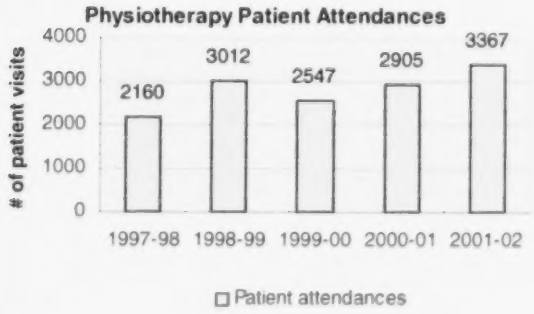

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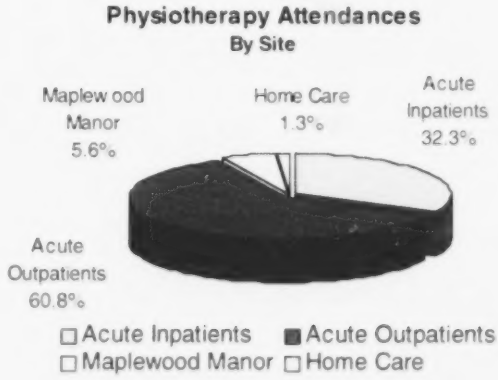

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COMMUNITY HEALTH SERVICES

Community Health Services is a multi-disciplinary team providing support to residents and care givers in West Prince. Residents are supported to live independently for as long as possible in their homes. These services also support acute and continuing care, through their expertise and recommendations for improved services to the residents of West Prince. Community Health Services include Public Health Nursing, Speech Language Pathology, Social Work, Home Care Nursing, Home Support Workers, Nutritional Services, Occupational Therapy, Adult Protection, Long Term Care Placements and Community In-home Support.

Nutritional Services

Activities for the past year include: revising the cholesterol class handouts, attending a meeting in Ottawa as the provincial contact for Breast-Feeding Coalition, , supporting the Provincial Nutritional Group, and participating in Healthy Eating Alliance meetings. Participation in the following committees and teams include: Provincial Nutritionist, Outpatient Dietitians, Eating Disorder Team, PEI Breast-Feeding Coalition, Provincial Children's Working Group, Provincial CPNP Advisory Committee, Healthy Eating Alliance, Community Health Services Team, Children & Families CQI, Department Head Meetings, Nutrition & Food Managers Group, Regional CPNP Advisory Committee, Discharge Planning, Family Active Living Project Advisory Committee, Adult & Seniors CQI, and Acute Patient Care CQI.

Home visits increased 43%, while office visits doubled in number. There was an increase in referrals, up to 59 from 26 last year, an increase of 142%.. Long Term Care at Community Hospital and Maplewood Manor are also supported. Demands for service are very high. Those in greatest need receive priority.

Occupational Therapy Services

Occupational Therapy Services continue to be provided by one full-time position for Home Care, Community and Western Hospitals, and Maplewood Manor. A contract position has been secured for pediatric specialties one week per month for ten months. The following is a breakdown on the service provided to clients: in their home - 65%, Maplewood Manor - 10%, Western Hospital - 10%, and Community Hospital - 15%. The pediatric cases to date have been serviced under a contract position.

There have been numerous inservices presented to staff including "Safe Manual Handling", "Passive Movement During Provision of Self-Care", and "Helping Residents Move Safely".

Work has commenced on Parkinson's Self Help groups and also Arthritic Self-Help groups. The Occupational Therapist is now part of the Discharge Planning Team, both at Community and Western Hospitals. This enables a heightened awareness of those people planning for discharge and also to be part of the multi-disciplinary approach to care. The Occupational Therapist continues to be a support and resource to the Welcome Program in West Prince. The West Prince Neuro Trauma Initiative Project, that was undertaken through the Occupational Therapy Department, was completed in June 2001 and benefitted a number of West Prince residents.

Additional resources are needed in Occupational Therapy, to support the present services, to continue to enhance and promote staff wellness, and to assist with the Long Term Care

expansion at Community Hospital.

Social Work

The Social Worker's areas of responsibility include Adult Protection, Long-Term Care Placement and ongoing social support to the region. The Social Worker also chairs the Long-Term Care Placement meetings and presents case descriptions for those awaiting placement.

Counseling is also done for families and individuals who are involved in the placement process to Long Term or Community Care. The Social Worker also works in community support to develop a community In-Home Support Worker Program for those people who can purchase services outside the publically funded health system. The Seniors Assessment is a big part of this role and the numbers have increased over the past year. This area remains active in the area of placement, adult protection and counseling, both in bereavement and support services.

TeleHomeCare

This year Telehomecare was funded by Agriculture and Agri Food Canada. The intention for this funding was to provide a satisfactory service to the clients of West Prince, while at the same time extending support on a pilot basis to the neighboring health region East Prince.

During this year, the shift was made from TeleHospice to TeleHomeCare. This allows for a broader range of services from those with cancer to chronic obstructive pulmonary disease, diabetes, asthma, congestive heart failure, hypertension, depression and anxiety. The number of patient units has remained the same at 12 but there is a need for more to be truly cost effective. There was a total of 548 televisits made to 17 different clients. There was also a change in the primary nurse for TeleHomeCare which is now Virginia Gillian, RN, BScN.

In the past year, there have been numerous presentations made to many different organizations. West Prince TeleHomeCare was part of the PEI contingency at the Technology in Government conference in October in Ottawa . There was a presentation given to the CEO's and Health Directors of PEI in Charlottetown. The TeleHomeCare program was showcased at the National Think Tank on Rural Canada Conference. The TeleHomeCare nurse is involved in a Provincial committee for developing a proposal for expansion to TeleHomeCare.

Public Health Nursing

The role of Public Health Nursing continues to include such services as: school counselling and group talks on a number of subject areas; group presentations at the community level; cardiac education for post cardiac patients; communicable disease follow up; home visiting of all newborn babies; reproductive care - including prenatal classes and individual supports and counselling.

Immunization and Assessment

The immunization statistics are included in the graphical presentations.

Varivax (Chicken Pox Vaccine) was introduced to children 12 months to 11 years of age. Varivax continues to be given at 12 months of age as part of the immunization program.

School Screening

School screening continues with statistics noted in the attached reports.

There were teacher/nurse conferences held concerning 39 students.

The Diabetes education program will become a county model. Implementation will begin in September of 2002. There will be a team of a nurse and a dietitian who will spend one day per week in West Prince to offer services to clients.

Looking ahead

- Prenatal Classes were updated and 2 Public Health Nurses were trained to instruct these classes
- Public Health Nursing will review the preschool assessment program and move the 4- year appraisal to 3-year appraisal to allow for earlier identification of problems.
- Two Public Health Nurses were trained to do the Best Start Program, assessment tool used to better identify families/children at risk for abuse, and it is to be implemented the fall '2002. This service is to promote healthy childhood growth and development.
- Public Health Nursing will continue to work on the Diabetes program to implement education to people diagnosed with diabetes and help prevent complications with diabetes by being a resource for education. The Diabetes Program has been changed to a County Model with Regional access of services. This is to be implemented September 2002 and to begin, the Diabetes team will be in West Prince 1 day/week to be evaluated after 6 months.

Home Care Nursing

This past year has been busy for Home Care Nursing. The referrals have increased along with the complexity of the cases and more acuity. Home Care Nursing consists of: Nurse team leader, TeleHomeCare coordinator, 3 - 60% Home Care nurses, 2 - 50% Home Care nurses (one of these being a float shared position with Community Hospital), 2 - 60% Hemo dialysis/peritoneal nurses and casual nurses. Home Care Nursing continues to be offered seven days a week. Palliative Care service can be extended as need arises.

Adult Health Clinics continue with as follows: one at Tignish Cultural Center - 15 clients; St. Martha's Healthy Living Center - 20 clients; plus a new clinic at Community Hospital - 20 clients. The Tignish and O'Leary clinics, are monthly. St. Martha's Healthy Living Center is every three weeks.

Tignish and Alberton have satellite offices and this works well.

During the year clinical experience and mentor ships are provided to LNA, RCW, Medical Students and UPEI Nursing Students. Some of the staff continue to participate on the Seniors and Family Accreditation Team. Some indicators have been worked on for nursing over this past year.

Home Care Nursing will be represented on the new Prince County Diabetes Committee.

Home Care Nursing participated in the planning for the Strategy for Palliative Care on P.E.I. Presently West Prince needs are being addressed. A Care Team for the region is to be developed.

A pilot for Integrated Mental Health was brought to the region from Mental Health in Charlottetown. During the pilot two of our clients received service via tele technology. In April, Darlene Gallant R.N., continued the Integrated Mental Health service along with her own Mental Health position on a trial basis. At present she has two clients on the Tele Home Care

Technology and sees one in the office.

A major review of the Home Care caseload took place this year as part of the provincial Home Care Strategy development. The West Prince team showed high levels of productivity.

Dialysis: There are 2 Dialysis Nurses - 50%. There have been three peritoneal dialysis clients.

There have been two clients receiving hemo dialysis. The nurses do hemo dialysis (Monday, Wednesday, Friday). This service has been an extremely beneficial service for our clients. The nephrologist and nurse from Halifax come here every six months.

Home Support Program

A change of title for the Homemakers to Home Support Workers has now taken place provincially. West Prince Health has thus also made the change.

The past year has been busy for the Home Support Program. There has been an increase in referrals with a demand for personal care and respite for the Caregiver. Services for home maintenance (housekeeping) are being provided when assessment supports this need and no other options are available to the client. Visiting Home Support Workers are also continuing to provide service in homes where an Adult Protection assessment has identified a need for protection.

The Home Support Program continues to provide service Monday to Friday, with coverage on Saturday, on an as needed basis. Our service continues to work with Maplewood Manor, Western Hospital, and Community Hospital to provide access to the Century Tub baths for participants of the Welcome Program, Community Inclusions, as well as clients in the community when facilities/accessibility at home present a problem.

During the year, clinical experience and mentorship was provided to licensed nursing assistant (LNA) students and two classes of resident care workers (RCW) students. We are very pleased that now some of these students have returned to work with us on a casual basis.

The Disability Support Program, implemented through Health and Social Services has had a positive influence on the needs and services provided to clients within the Home Support service.

Team collaboration in the Home Care and Support Program continues to be positive with ongoing follow-up and case conferences with clients, professionals, and family members.

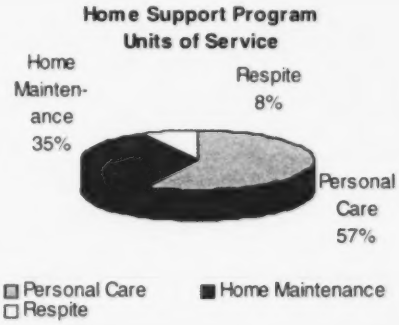
Submitted by: Arlene Gallant-Bernard

COMMUNITY HEALTH SERVICES	2000-01	2001-02
HOME SUPPORT PROGRAM		
# clients served	198	171
average caseload	110	102
average total client visits/month	759	773
# new referrals received	82	75
# Units of Services (Direct only)	43,636	44,832
HOME CARE NURSING		
average case load	200 est.	310[a]
# New Referrals	308	357
# Client visits	7261	7549
# Units of Services (Direct and Indirect)	31,988	33,928
Telehealth		
# clients	12	17
- avg. age	69	76
# televisists	616	548
- # of visits after hours	8	0
OCCUPATIONAL THERAPY		
# Referrals	111	139
Avg. # clients receiving service per month	48	72
Avg. # of active cases	-	125
# clients served (Long Term Care)	63	63
SPEECH THERAPY		
# new referrals received	68[b]	-[c]
Avg. Caseload	101	-
NUTRITIONAL SERVICES		
Community Services		
# clients served	160	132
Avg. Caseload	50	46
# Client contacts (visits/phone contacts)		
- Pre-natal	252	338
- Breastfeeding	105	63
- Other	305	305
- education sessions	11	14
# participants	128	152
Acute Care Services		
- outpatients seen	1,223	1,144
- in-patients seen	105	120
Total referrals	1,328	1,264
- total out-patients visits	1,480	1,397
- total in-patient visits	128	142
Total Visits	1,608	1,539
ADULT PROTECTION		
'# referrals	<10	20
SOCIAL WORK		
# referrals	50	28

[a] Represents # of services not number of clients
[b] Position vacant for 3 months of fiscal year
[c] position vacant during the 2001-2002 year

Highlights:

- The Home Support Program received 75 new referrals for services, slightly less than last year.
- Home Support Program had a monthly average case load of 102, down slightly from the previous year. However, the number of client visits per month increased to 773 visits per month or 7.6 visits/client /month.
- The majority of the Home Support Worker's time is spent providing personal care (57%) but the proportion of service devoted to respite care has increased to 8% from 4% and .5% the previous two years.



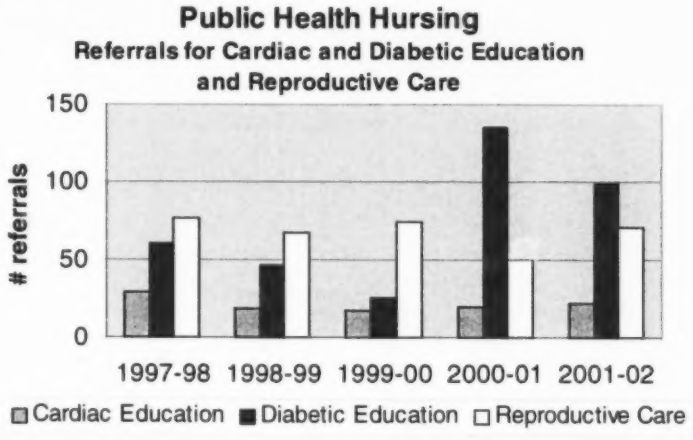
- Homecare Nursing received 357 referrals in the year, a 16% increase, and make a total of 7,549 visits to clients.
- The average caseload was 310 services provided to 256 different clients. In previous years caseload was an estimated number of clients (as opposed to services) thus not comparable.
- 17 clients received services through TeleHealth and received a total of 548 Televisits.

Community Health Services Highlights Cont'd

- Occupational Therapy received 139 new referrals, a 25% increase over the previous year.
- The average active OT caseload was 125 clients and the average number of clients receiving service in any given month increased to 72 from 48. This is due in part to the added contracted services of a part time Paediatric OT providing services to children.
- There were 28 new referrals for social work intervention.
- There were 20 referrals related to Adult Protection, more than double the previous year. However, this fluxiation is not unusual for this program.
- Community Nutrition Services provided services to 132 clients, down from 160 the previous year; the majority of contacts are for pre-natal counselling. Contacts regarding breastfeeding was down from the previous year.
- There were 14 Nutrition education sessions held with a total of 152 participants.
- In addition, 1,264 clients were seen on an inpatient or outpatient basis for nutritional counselling.
- Speech Language Pathology position was vacant during the year. 17 children were able to access services with a private therapist during this time.

PUBLIC HEALTH NURSING	2000-01	2001-02
IMMUNIZATIONS	2,886	2,805
INFANT AND PRE-SCHOOL HEALTH APPRAISALS		
- # appraisals completed	1,350	1,516
- # referrals made	237	361
SCHOOL HEALTH		
- # screenings	824	1156
- # problems identified	80	104
- # participants in school health teaching groups	502	391
COMMUNITY GROUP HEALTH PRESENTATIONS		
-# presentations to community groups	6	11
- # participants	63	115
REPRODUCTIVE CARE PROGRAM		
- # referrals	50	71
- # assessed	43	48
- # pre-natal classes	5	3
- # individual pre-natal counselling	20	24
CARDIAC EDUCATION		
- # referrals	20	22
DIABETES EDUCATION		
- # referrals	135	99
OTHER MONITORING/EDUCATION	13	2
TOTAL NUMBER OF CLIENT ENCOUNTERS*	5,889	6,190

* Follow-up to STD's and Health Supervision stats not released/included.



Highlights:

- Referrals to the new Diabetic Education Program remain high with 99 referrals this past year. There were fewer referrals than the previous year but still about 4 times greater than in 1999-2000 before the program began.
- 1,516 health appraisals were competed with infants and pre-schoolers. 388 of these were with newborns and 204 were for the 4½ year appraisal. In total there were 361 referrals made for needs identified that required follow-up by other professionals or with the Public Health Nurse at a later time.
- The number of health screenings in the schools was up by 40%. 527 of these screenings were for vision and hearing and 75 problems were detected and appropriate referrals made.
- The number of presentations to school classes remained about the same (13) but the number of participants was lower. The number of presentations in the community increased as did the participants but still lower than in previous years.
- Referrals to the reproductive care program increased by 42% to 71 referrals which had been the average number for the past few years, as can be seen by the graph. Referrals are generally from physicians.
- Three pre-natal classes were held with 24 couples/individuals participating.

CORPORATE SERVICES

Role: Corporate Service Division is responsible for a number of areas within the region. While some areas offer service to the general public, other services are support function for staff and senior management. Working in conjunction with the Corporate Services Team, the following functions give a brief overview of how the Corporate Services Division contributes to the Mission of West Prince Health.

Provides leadership in areas of budget preparation, monitoring and forecasting, revenue management and accounting, along with payables and receivables.

(1) Human resource functions including payroll, benefit administration along with provincial involvement with recruitment and retention of staff.

(2) Occupational Health and Safety Coordination within the region.

(3) Assists in addressing risk management issues as identified from time to time in a reactive or in a proactive manner.

(4) Provides technical support and leadership functions related to information technology for the region in the past year via purchased service and currently through a permanent staff.

(5) Working with Unions through the labor management consultation process to address issues in a timely manner in an effort to foster positive working relationships.

(6) Provides leadership in assisting West Prince Health to be in a position to respond to an external disaster that would require the resources of the region.

(7) Provides leadership and support for senior housing in the region including administrative and maintenance of the same as part of fulfilling of provincial Housing Corporation Act.

(8) Strives towards helping the region reach full compliance with the French Language Services Act.

(9) On-going improvement as an organization through actions identified and address through the Human Resource Continuous Quality Improvement Committee

(10) Staff's continuous involvement provincially through committee structures in an attempt to improve services in many of those areas identified above.

CORPORATE SERVICES - HIGHLIGHTS

Human Resources

- Approximately 100 job postings were carried out last fiscal year in the region.
- 288 permanent staff work for West Prince Health
- 25 to 35 casual staff at any one time
- Thirty one percent of permanent staff are fifty years of age or older

French Language Services

- 50 percent permanent position filled in Nov 2001
- Position vacant since April 2002
- Region posted several times to fill
- Efforts will continue to fill position

Health Care Futures

- 17 students hired for a total of 164 work weeks

Labour Relations

- Four Unions CUPE, UPSE, IUOE, PEINU and one Excluded group
- Fourteen labour management meetings held last fiscal year
- Human Resource Continuous Quality Improvement committee of management and labour
- Six grievances filed of which three were dropped and three were resolved prior to Arbitration

Oracle Financial System

- Oracle software version from 10.7 to 11i upgrade
- New system implementation for Oct 2002
- Regional staff involved in provincial upgrade of 11i
- Financial reports produced on monthly basis
- Audited financial statements prepared and reviewed
- First point of Oracle support provided for regional staff by Financial Officer
- Accounting practices as per acceptable accounting standards and subject to external auditors

Occupational Health and Safety

Regional and site Occupational Health and Safety Committees meet on a regular basis. .

1. A regional occupational health and safety policy statement was developed with input by OHS committees members approved by senior management and signed off by the Chief Executive Officer.
2. Duties of employees and the employer around Occupational Health and safety issues are clearly documented and posted throughout the organization beside the signed OHS regional policy statement.
3. Promotion of staff attending back care education sessions put on by staff physiotherapists and occupational therapist are encouraged and supported by management.
4. Ceiling lifts have been installed at Maplewood Manor as the first step in having ceiling lifts located in all institutions as a further means to reduce back injuries.
5. Staff were supported in attending a Basic Emergency Preparedness Program .

Housing

Senior Citizens Housing (58 units) are part of West Prince Health's responsibility. The units located throughout Alberton, O'Leary, Tignish and St Louis are used extensively by citizens of the area. There were vacancies over the past year as follows O'Leary 5, Tignish 1, Alberton 3.

Family Housing Boards

The Housing Officer worked with Tignish, O'Leary and Alberton Boards. He carried out 53 interviews and assisted in dealing with water problems. He acted as a resource as required.

Other supported programs: Rural Community Housing Program; Rural and Native Housing Program; Mount Royal Facility (general maintenance carried out); Social Housing Program - 6 homes; Home Inspection; Water testing and follow up (Carried out at all West Prince Health facilities. High manganese reading at Community Hospital during testing. Has since been corrected).

Information Technology

- Start of regional CQI information management plan.
- Computer training implemented in Feb 2002
- DOT Matrix printer upgrades (inpatient) for Community and Western Hospital
- Phase 1 of Wide Area Network was initiated
- Cactus system was rolled out and implemented
- IDX/Radiology system was implemented in both hospitals
- Groupwise project was planned to upgrade to 5.5 or 6.0 then was placed on hold.
- ISM Roll out is ongoing.
- Payroll restructuring is ongoing process until completed.
- Oracle 11i financials roll out is in progress with all regional hardware installed. Software roll out and training is in progress.
- Server Consolidation Phase 1 is in progress with a new Enterprise automation/Groupwise/Payroll server being staged at western hospital. Data and application at Community Hospital server to be rolled into the new server in the fall of 02 and winter of 03. Maplewood and Child and Family Services to be completed in Phase 2 as links are upgraded.
- Evergreen Roll Out 27 new leased computers bringing total of 91 computers in the region with 141 computers users.

Committees and groups in progress include Technical User Group ,Technical Planning Group, Operating Standards Working Group, IT Transition team. Laptop strategies working group, connectivity strategies working group ,intranet planning group, wide area network roll out team , ISM roll out team ,server consolidation team.

Approximately 850 IT support calls during the past year were made to staff users.

Payroll

- 300 to 325 pays are issued through direct deposit to staff on a bi-weekly basis..
- Calls are handled daily from managers/supervisors ,benefit administrators, pension administration, staffing and classification, Canada Customs and Revenue Agency, Department of Health, HRA,.

Payroll takes all new employees hired in the region during the last fiscal year and receives all basic employee data required by the employer and provides explanation of various areas such as health and dental benefit options, pension information and group insurance options.

Provincial committee involvement includes provincial staffing committee, alternate on the pension committee for excluded group ,Peoplesoft user group, Peoplesoft advisory group.

Performance Development

In January, 2002 an education session was put on in the region for new managers or those who wished to upgrade their understanding of the performance development process. A total of fifteen managers/ supervisors took part in the day long training. The Learning Centre acted as the resource throughout the day.

Provincial Committees

In addition to those provincial committees listed throughout the report, staff within the corporate services area participate on a number of provincial committees in an effort to assist the health system prepare for the future challenges that will impact on this region..

Submitted by: Albert Bernard.

HOUSING		
	2000-01	2001-02
HOUSING UNITS		
# Seniors Housing Units	58	58
- # vacancies and new placements	NA	9
# Family Housing Units	59	59
'(under the operation of 3 Housing Boards)		
# Other Rentals	4	3
# Lease to purchase	7	5
TOTAL HOUSING UNITS	**128**	**125**
EMERGENCY HOME REPAIR PROGRAM		
-# grants	16	0
- value	$10,139.99	0
HELPING HANDS PROJECT (SENIORS)		
(4 STUDENTS HIRED)		
- # work sites	26	22

Highlights:

- There are 58 Seniors Housing units in West Prince.
- There are 59 Family Housing Units under the operation of 3 Housing Boards.
- Emergency Home Repair Program was discontinued provincially.
- 4 students were hired to work on the Helping Hands project and they assisted 22 seniors with various home maintenance chores.

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West Prince Health Region
Financial Statements
March 31, 2002

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Management Consultants
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Auditors' Report

To the Members of the Board of
West Prince Health Region:

We have audited the balance sheet of West Prince Health Region as at March 31, 2002 and the statements of revenue and expenses, cash flows, and tangible capital assets for the year then ended. These financial statements are the responsibility of the Region's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Region as at March 31, 2002 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Summerside, Prince Edward Island

May 30, 2002

Grant Thornton LLP

Chartered Accountants

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West Prince Health Region
Statement of Revenue and Expenses

Year Ended March 31	2002	2001
Revenue		
Department of Health and Social Services	$ 18,562,298	$ 17,404,822
Patient / Client fees	504,869	475,702
Other (Note 5)	290,092	99,851
Donations	123,759	96,113
Special projects	71,667	136,282
Interest	13,220	9,302
	19,565,905	18,222,072
Expenses		
Child and Family Services	5,695,716	5,313,873
Community Hospital	4,161,400	3,861,974
Western Hospital (Note 6)	3,883,527	3,507,905
Maplewood Manor	2,951,670	2,794,651
Home Care and Support	1,240,645	1,192,529
Community Grants	517,196	470,996
Housing Services	261,662	268,069
Public Health Nursing	257,896	259,069
Addictions	216,015	175,597
Job Creation program	199,178	232,243
Community Development	181,000	145,166
	19,565,905	18,222,072
Excess of revenue over expenses	$ NIL	$ NIL

See accompanying notes to the financial statements.

West Prince Health Region
Balance Sheet

March 31	2002	2001
Assets		
Current		
Cash - unrestricted	$ 172,428	$ 586,631
Cash - restricted	19,908	23,883
Receivables (Note 3)	1,557,532	1,218,564
Prepaid expenses	105,441	103,741
	$ 1,855,309	1,932,819
Liabilities		
Current		
Payables and accruals (Note 4)	$ 1,841,375	$ 1,920,231
Funds held in trust	13,934	12,588
	$ 1,855,309	1,932,819

On behalf of the Board

Board Member Board Member

See accompanying notes to the financial statements.

West Prince Health Region
Statement of Cash Flows

Year Ended March 31

	2002	2001
Increase (decrease) in cash and cash equivalents		
Operating		
Cash - restricted	$ 3,975	$ 13,187
Receivables	(338,968)	429,877
Prepaid expenses	(1,700)	(30,091)
Payables and accruals	(78,856)	121,144
Funds held in trust	1,346	410
Net (decrease) increase in cash and cash equivalents	(414,203)	534,527
Cash and cash equivalents, beginning of year	586,631	52,104
Cash and cash equivalents, end of year	$ 172,428	$ 586,631

See accompanying notes to the financial statements.

West Prince Health Region
Statement of Tangible Capital Assets

Year Ended March 31

	Land	Pavement	Buildings	Equipment	Vehicle	2002 Total	2001 Total
Cost of Tangible Capital Assets							
Opening cost	$ 50,917	$ 10,223	$ 20,389,006	$ 4,144,605	$ 21,510	**$ 24,616,261**	$ 24,480,466
Additions	-	-	-	151,458	-	**151,458**	135,795
Closing cost	50,917	10,223	20,389,006	4,296,063	21,510	**24,767,719**	24,616,261
Accumulated Depreciation							
Opening balance	-	10,223	3,681,856	2,474,316	14,132	**6,180,527**	5,470,851
Add: depreciation	-	-	509,725	201,278	2,213	**713,216**	709,676
Closing balance	-	10,223	4,191,581	2,675,594	16,345	**6,893,743**	6,180,527
Net Carrying Amount of Tangible Capital Assets	$ 50,917	$ NIL	$ 16,197,425	$ 1,620,469	$ 5,165	**$ 17,873,976**	$ 18,435,734

See accompanying notes to the financial statements.

West Prince Health Region
Notes to the Financial Statements
March 31, 2002

1. Nature of operations

West Prince Health Region, a non-profit organization , operates under the Region of the Health and Community Services Act, Part III (the "Act"). West Prince Health Region commenced operations on April 5, 1994 when the Health and Community Services Agency (the "Agency") approved the establishment of the regional health authorities as provided under the Act. The Agency Board also approved the core services that must be available and reasonably accessible to all residents of West Prince.

The core services that are managed by West Prince Health on behalf of residents of West Prince and the Province of Prince Edward Island are:

Program / Service

Child and Family Services
Community Hospital
Western Hospital
Maplewood Manor
Home Care and Support
Community Grants
Housing Services
Public Health Nursing
Addictions
Physician Services
Job Creation Program
Community Development
Mental Health

2. Summary of significant accounting policies

Revenue recognition

West Prince Health follows the deferral method of accounting for grants for special projects. Grants restricted for special projects are recognized as revenue in the year in which the related expenses are incurred. Unrestricted amounts are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Cash and cash equivalents

Cash and cash equivalents include cash on hand and balances with banks, net of bank overdrafts.

2. Summary of significant accounting policies (cont'd)

Financial support overpayments

Financial support overpayments are recorded as receivable when identified with a full provision as a doubtful account. Recoveries of financial support overpayments are credited to financial support expenditures when received.

Tangible capital assets

Tangible capital assets are expensed as a component of program costs in the year of acquisition. During the year, capital asset purchases of $151,458 (2001 - $135,795) were expensed. The Region received designated funding for capital purchases in the amount of $132,287 (2001 - $78,159) during the year.

Inventory

Inventory in the amount of $211,302 (2001 - $235,923) has not been reflected on the balance sheet.

Vacation pay

Vacation pay is recorded as a liability when earned.

Pension plans

Employees of West Prince Health belong to different pension plans according to their historical workplace. Hospital employees are part of the uniform pension plan for employees of all Prince Edward Island hospitals. All other employees are part of the uniform pension plan of the civil service of Prince Edward Island. The hospital pension plan is a defined benefit pension plan for basic pension contributions and defined contribution pension plan for supplementary pension contributions. According to the most recent actuarial report date January 1, 2000 employer contributions to the pension plan are sufficient to meet the requirements of the plan and a pension fund surplus existed at that date. The civil service pension plan is the defined benefit pension plan of the Province of Prince Edward Island. For employees belonging to this plan, the employer's share of the benefits plus any additional future actuarial liabilities are assumed by the Province of Prince Edward Island. These pension plans are not reflected in the financial statements.

General

These financial statements do not include the assets, liabilities and activities of the O'Leary Community Health Foundation Inc. or the Western Hospital Foundation Inc. or the auxiliaries.

2. Summary of significant accounting policies (cont'd)

Other

West Prince Health Region acts as an agent for the Province of Prince Edward Island for the collection of revenue for certain regional programs. During the year revenue was collected in the following areas:

Maplewood Manor
Housing Services
Home Care and Support
Public Health Nursing

Revenues collected are not reflected in the body of the financial statements.

3. Receivables	2002	2001
Financial support overpayments	$ 184,400	$ 175,361
Patients	128,655	82,771
Other	227,161	379,002
Department of Health and Social Services	1,201,716	756,791
	1,741,932	1,393,925
Less: allowance for doubtful accounts	184,400	175,361
	$ 1,557,532	$ 1,218,564

4. Payables and accruals	2002	2001
Trade	$ 591,992	$ 717,054
Salaries and benefits	1,172,624	1,106,410
Deferred revenue - Department of Health and Social Services	67,400	8,531
Deferred revenue - other	9,359	88,236
	$ 1,841,375	$ 1,920,231

5. Other income

	2002	2001
Cafeteria sales	$ 74,721	$ 74,610
Salary recovery	69,015	11,991
Mental Health grants	55,000	-
Disability Support Program	21,976	-
Child Protection Act	20,400	-
Department of Health and Social Services	13,165	-
Other sales	18,459	4,917
Capital grants	8,528	-
Rental	6,694	5,142
Outpatient department recoveries	2,134	3,191
	$ 290,092	$ 99,851

6. Physician services

During the year, the Region paid $199,870 in relation to physician services at Western Hospital.

7. Comparative figures

Certain comparative figures have been restated to agree to the financial statement presentation adopted in the current year.

REPORT OF THE
NOMINATING COMMITTEE
OF THE WEST PRINCE HEALTH BOARD OF DIRECTORS
NOVEMBER 26, 2002

In accordance with Section 8, subsection 6 of the Regional Authorities Regulations of the Health and Community Services Act, the following is the report of the Nominating Committee of the West Prince Health Board of Directors for the vacancies to be filled by election at this annual meeting.

Zone 3 - Richard Wightman

Zone 4 - Robbie Thibodeau

These candidates have indicated their willingness to stand for the elected positions, and reside in the zones in which the election will be held.

Respectfully submitted,

Ernest Hudson
Barry Cholossey

WEST PRINCE REGIONAL AUTHORITY

INFORMATION TECHNOLOGY and GEOMATICS SERVICES